8-31-93
ICB

10/25/93

NAME: General Alum
I.D. NO.: ME0051769958
FILE LOC: R-1A
OTHER:

REQUEST FOR CHANGE

EPA ID #: ME0051769958
Facility Name: Delta Chemical
Facility Address: Kidder Pt. Rd.
Searsport

*Section/item to be changed	Old Value	New Value	Reasons/ Comments
Facility Name			
Facility Site Address			
Facility Mailing Address			
Facility Contact Name & Title			
Facility Phone #			
Activity Type: GEN	—	VG	
TRA			
TSD			
B/B			
Part A Date			
Non Reg			
Perm Stat			
Pnd Cls			

* Corresponds to columns on FOI10 printout.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-97
GSA No. 0246-EPA-OT

I.D. NO.: MED051769958 K-18
FILE LOC:

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

I. Installation's EPA ID Number *(Mark "X" in the appropriate box)*

[ ] A. First Notification [X] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: MED051769958

II. Name of Installation *(Include company and specific site name)*

GENERAL ALUM - NEW ENGLAND

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: KIDDERS RD

Street (continued): PO BOX 436

City or Town: SEARSPORT | State: ME | ZIP Code: 04974-0436

County Code: | County Name: WALDO

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: PO BOX 436

City or Town: SEARSPORT | State: ME | ZIP Code: 04974-0436

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(last)*: HORTH | *(first)*: J. ALEXANDER

Job Title: VP/TECH DIR | Phone Number *(area code and number)*: 207-548-2525

VI. Installation Contact Address *(See Instructions)*

A. Contact Address Location [X] Mailing [ ] | B. Street or P.O. Box: PO BOX 436

City or Town: SEARSPORT | State: ME | ZIP Code: 04974-

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: GENERAL ALUM & CHEMICAL CORP

Street, P.O. Box, or Route Number: PO BOX 436

City or Town: SEARSPORT | State: ME | ZIP Code: 04974-0436

Phone Number *(area code and number)*	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month Day Year
207-548-2525	P	P	Yes [X] No [ ]	03 08 94

Please print or type with ELITE type (12 charac per inch) in the unshaded areas only

Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

ID - For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Markerer
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))			
[X]	[ ]	[ ]	[ ]	D039	D018		

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
[signature]	PRESIDENT	3/11/94

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

STATE OF MAINE

Department of Environmental Protection

MAIN OFFICE: RAY BUILDING, HOSPITAL STREET, AUGUSTA
MAIL ADDRESS: State House Station 17, Augusta, 04333

JOSEPH E. BRENNAN
GOVERNOR

HENRY E. WARREN
COMMISSIONER

NAME: Delta Chemicals
I.D. NO.: MED 051769958
FILE LOC: R-1A
OTHER:

JUN 12 1984

sent to CSC 6/28/84

June 7, 1984

Beverly Roehrig
U.S. Environmental Protection Agency
Waste Management Division
Region I
J.F.K. Federal Building
Boston, Massachusetts 02203

JUL 5 1984

RE: E.P.A. Identification Numbers

Dear Beverly:

On April 2, 1984, I submitted requests for six (6) EPA Identification Numbers. The six were:

MED 051769958 not in system 1. Delta Chemicals, Inc. - Searsport
✓2. Mandy's Norge Village - South Paris
✓3. Tex Tech Industries - Monmouth
MED 037711231 4. Microwave Associates - Sanford
✓5. G&L Machine--South Paris
MED 980912497 6. Maine Printing and Business Forms - Portland

I still need information on several of these requests. I do not have notification of the numbers for Delta Chemicals, Inc., Microwave Associates or Maine Printing and Business Forms. I believe that G&L Machine has been issued the number MED066580507. If your records indicate differently, please notify me. Of the remaining two requests, Mandy's Norge Village has requested us to withdraw their request and Tex Tech Industries has submitted the attached notification form but will retain the number given to the site for its prior owner, Albany International - MED001098557.

I am also now requesting additional EPA I.D. Numbers for the following facilities:

1. ✓Ark-Les Corporation - South Portland
2. ✓Lee Dodge - Portland
3. X Daniels Motor Parts - Augusta DISREGARD REQUEST FOR AN ID#
4. ✓Stonington and Deer Isle Power Company - Sunset
5. ✓Maaco Auto Painting & Bodyworks - Portland
6. ✓Great Northern Paper Company - Millinocket MED001107051

There is a possibility that Great Northern Paper Company already has an active number for their Millinocket facility, this should be checked before a new number is issued.

Thank you for your assistance in these matters.

Sincerely,

Richard P. Baker

RICHARD P. BAKER, ESS III
Division of Licensing & Enforcement
Bureau of Oil & Hazardous Materials Control

RPB/c

STATE OF MAINE

Department of Environmental Protection

MAIN OFFICE: RAY BUILDING, HOSPITAL STREET, AUGUSTA
MAIL ADDRESS: State House Station 17, Augusta, 04333

JOSEPH E. BRENNAN
GOVERNOR

HENRY E. WARREN
COMMISSIONER

April 2, 1984

[redacted] 6 1984

Beverly Roehrig
U.S. Environmental Protection Agency
Region I
Waste Management Division
J.F.K. Federal Building
Boston, MA 02203

NAME: Delta Chemicals
I.D. NO.: MED057769958
FILE LOC: R-1A
OTHER:

Re: EPA Identification Numbers

Dear Beverly,

Attached are six (6) requests for EPA ID numbers. I believe all of the facilities are SQG's under the Federal Regulations. Please process these requests if the information is adequate.

The above noted requests are:

1. Delta Chemicals, Inc. - Searsport 057 769 958
2. Mandy's Norge Village - South Paris
3. Tex Tech Industries - Monmouth
4. Microwave Associates - Sanford 037711231
5. G & L Machine, South Paris 066580507
6. Maine Printing and Business Forms - Portland 950 912 490 inactive

Thank you.

Sincerely,

Richard P. Baker, ESS III
Division of Licensing and Enforcement
Bureau of Oil and Hazardous Materials Control

gj

enclosures (6)

Please print or type with ELITE type (12 charac. per inch) in the unshaded areas only

Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

Change OK 6/19/90

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

[ ] A. First Notification [X] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: MED051769958

II. Name of Installation *(Include company and specific site name)*

DELTA CHEMICALS INC

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: KIDDERS ROAD

Street (continued):

City or Town: SEARSPORT

State: ME

ZIP Code: 04974-

County Code:

County Name: WALDO

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: SAME

City or Town:

State:

ZIP Code:

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(last)*: HORTH

(first) I MIDDLE J. ALEXANDER

Job Title: VP, TECH DIR

Phone Number *(area code and number)*: 207-548-2525

VI. Installation Contact Address *(See instructions)*

A. Contact Address Location [X] Mailing [ ]

B. Street or P.O. Box:

City or Town:

State:

ZIP Code:

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: JAMES E. DUFFY

Street, P.O. Box, or Route Number: 17 ARLINGTON STREET

City or Town: BOSTON

State: MA

ZIP Code: 02116-

Phone Number *(area code and number)*: 617-267-7500

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [X]

(Date Changed) Month Day Year:

Please print or type with ELITE type (aracters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

ID – For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220 – 2,200 lbs.)
   - [X] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1–5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other – specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner – indicate device(s) – Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Markerer
   - [ ] c. Burner – indicate device(s) – Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.20 – 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)
X			

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 – 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F003	F005				
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
[signature]	J. A. HORTH, VP/TECH DIR	5/30/90

XI. Comments

WASTE SOURCES ARE: THE LABORATORY (F003 & F005); CLEANING SOLVENT USED IN MAINTENANCE (D001, "SAFETY-KLEEN")

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

DELTA CHEMICALS, INC.
Searsport, Maine 04974 • (207) 548-2525 • FAX (207) 548-2891

May 30, 1990

State of Maine
Department of Environmental Protection
State House Station 17
Augusta, ME 04333

Attention: Licensing Department

To Whom It May Concern,

As requested by Camille Gagnon, please find attached a revised EPA Form 8700-12 reflecting our change in the designated installation contact. No other changes were made.

Sincerely,

J. Alexander Horth
Vice President, Technical Director

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

INSTALLATION'S EPA I.D. NO.	MED051769958
I. NAME OF INSTALLATION	DELTA CHEMICALS INC
II. INSTALLATION MAILING ADDRESS	PO BOX 414 SEARSPORT ME 04974
III. LOCATION OF INSTALLATION	KIDDER POINT RD SEARSPORT ME 04974

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: S F

T/A: C 1

APPROVED:

DATE RECEIVED *(yr., mo., & day)*:

I. NAME OF INSTALLATION

DELTA CHEMICALS INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 P. O. BOX 414

CITY OR TOWN: 4 SEARSPORT

ST.: ME

ZIP CODE: 04974

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 KIDDER POINT ROAD

CITY OR TOWN: 6 SEARSPORT

ST.: ME

ZIP CODE: 04974

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 P. B. PEARSON TECHNICAL DIRECTOR

PHONE NO. *(area code & no.)*: 207-548-2525

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 JAMES E. DUFFY III

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [ ] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE — See letter attached
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.:

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

S W 1 | 2 – 13 | T/A 14 | C 15 = 1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

DETACH

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

DETACH

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
E R Hess	Vice President	8/14/80

N/A

DELTA CHEMICALS, INC.

SEARSPORT, MAINE 04974

Telephone
548-2525
(Area Code 207)

August 14, 1980

Mr. Rich Cavagnero
EPA - Region I
Permits Branch
P. O. Box 8748
Boston, MA 02114

Dear Mr. Cavagnero:

Alum mud waste from the production of alum by the acidulation of bauxite is not listed as a hazardous waste and we believe it not to be a hazardous waste.

The purpose of this letter is to seek agreement from EPA that based on the tests we have done as outlined in the attached paper, "Waste Mud from the Production of Papermaker's Alum", alum mud wastes should not be considered hazardous.

Please note that the Section VI has not been completed because we think it does not apply.

Yours very truly,

E. R. Hess, Jr.
Vice President & General Manager

ERH:glb
Enc.

non-applicable

August 14, 1980

WASTE MUD FROM THE PRODUCTION OF PAPERMAKER'S ALUM

The production of aluminum sulfate (alum) from bauxite is an extraction process producing alum from the action of sulfuric acid in bauxite. The alum process is run in a batch sequence to maximize the contact time for an efficient conversion rate. After the initial batching step, a batch is allowed to settle overnight before the filtration step begins. The waste mud from the process is washed up to four times with wash water to extract as much product as possible. The resulting waste is composed of spent bauxite and dilute aluminum sulfate. To determine the hazardous potential of the waste mud, the criteria set forth by U. S. EPA in the May 19, 1980 edition of the Federal Register was used.

The evaluation of the waste mud was completed without carrying out a complete Extraction Procedure (EP) as defined in the proposed EPA Regulations (Dated May 19, 1980) because the allowed time was not sufficient. To prepare a scientific analysis of the possible hazards presented by the alum waste without actually performing an EP, some assumptions had to be made. The first assumption made was that of the four criteria listed by EPA to determine hazardous waste (ignitability, corrosivity, reactivity, and toxicity), only toxicity and corrosivity could possibly apply to our waste. An analysis of our mud was completed at our facility to determine corrosivity. That analysis revealed that the pH of the mud was consistently above 3.1. The samples used for the test were obtained with methods consistent with the EPA guidelines for waste sampling.[1] The analysis of the waste was completed with methods consistent with the EPA guidelines for the chemical analysis of waste.[2] To determine the possible toxic effects of the alum waste mud, a further assumption had to be made. This assumption was that the extraction efficiency of the alum batch process is much greater than the extraction efficiency of the EP if it were performed on the waste mud. That is to say that the contact time, nature of the reactants, and nature of the overall reaction are such in the alum process that any extractable complexes of the heavy metals present in the ore would be extracted in the batching process preferentially over extraction in the EP. Any possible extraction of the heavy metals from the ore, therefore, could be assumed to be nearly completed in the batching stage of the process. The concentrations of heavy metals salts could be expected in the final product. This assumption logically leads to the statement that the only possible toxic effect could have would come from the dilute alum and its contaminants present in the liquor.

To determine toxicity of the liquor which is in intimate contact with the mud, a sample was centrifuged to separate the liquid and solid components. From this test, the following physical characteristics were determined:

1. Sampling Procedures for Hazardous Waste Streams - Municipal Environmental Research Laboratory, Office of Research and Development, U. S. Environmental Protection Agency, Cincinnati, OH 45268

2. Methods of Chemical Analysis of Water and Wastes - Environmental Monitoring and Support Laboratory, Cincinnati, OH 45268

Percent Solids (By Volume)	29%
Specific Gravity of Solids	1.40
Specific Gravity of Liquid	1.08

The liquid component of the above separation was sent to the Schwarzkopf Laboratory in Woodside, New York to be analyzed for heavy metals. When the results from the test were received, the following scenario was developed. If an extraction process was performed on a 100 ml sample of mud, we could expect to separate the sample into a 29 ml sample of solids and 71 ml sample of liquor. If an EP was performed on the solid portion of the sample, the addition of water in the extractor should produce no measurable levels of heavy metals in the liquid contained in the extractor. When the separated liquor from the extractor is combined with the original 79 ml of liquor separated from the mud sample, a dilution factor (based on the specific gravity of the mud) of 12.44 could be expected. (See Equation below).

EQUATION 1

$$\text{volume water added} = \frac{\text{29 ml mud sample to extractor}}{20 \times 1.4 \times 29 \text{ ml} \times 1\text{g } (H_2O)} = 812\text{ml}$$

$$71 + 812/71 = 12.44 \quad \text{ml}$$

This means that any contaminant present in the original 71 ml of liquor will have a concentration 12.44 times smaller in the final extract. Based on the above scenario, concentrations of heavy metals defined as hazardous by EPA that could be expected in the final extract are summarized in the following table.

TABLE 1

	Estimated Concentration	EPA Limit
As	.02 ppm	5.0 ppm
Ba	.08 ppm	100.0 ppm
Cd	.02 ppm	1.0 ppm
Cr	.50 ppm	5.0 ppm
Pb	.08 ppm	5.0 ppm
Hg	.002 ppm	0.2 ppm
Se	.008 ppm	1.0 ppm
Ag	.02 ppm	5.0 ppm

This table was arrived at by using the results of the work done by Schwarzkopf Laboratory and assuming a dilution factor of 12.44 to arrive at the final extract. The EPA standards for heavy metals given also in Table 1 prove that the alum mud waste should not be considered hazardous because none of the limits for heavy metals are approached in the above table.

The other possible toxic substance in the liquor is the aluminum sulfate if present in extremely high concentrations. The concentration of alum ($Al_2(SO_4)3$) in the final extract would be .75%. The Coast Guard has set a toxicity limit for aluminum sulfate at LD_{50} = 770 mg/Kg (oral mouse). Using the procedure established by the Coast Guard in their C.H.R.I.S. Hazard Assessment Handbook, the safe concentration for aluminum sulfate in a water system is 2.31%. This figure was arrived at using the assumptions and calculations given in the following table. These excerpts were taken from the Hazard Assessment Code AP of the Coast Guard's C.H.R.I.S. Hazard Assessment Handbook.

Water Pollution Hazard - Code AP

For calculation purposes, an arbitrary procedure has been established for calculating the human toxic limits for chemicals dissolved in water. This calculation procedure is based on the following assumptions:

a. Sixteen ounces of contaminated water will be consumed;

b. The person weighs 100 pounds;

c. There is a safety factor of 3;

d. The properties of the spilled chemical are such that the the chemical, in high concentrations, may pass undetected through a water purification system and then into the public water supply.

Calculation Procedure for Determining Human Toxic Limits

Calculation Procedure

Aluminum Sulfate

770 mg/kg

Calculate the maximum safe concentration water from the toxicity by ingestion and the following toxic equation for determining the toxicity. (The factor 30 incorporates the assumptions described above.)

EQUATION 2

For toxicity in mg/kg

Safe concentration = 30 x (toxicity (mg/kg))

= 30 (770)

= 23,100 mg/liter

= 23,100 ppm

= 2.31%

The information given above provides conclusive evidence that none of the components of the alum waste mud should be considered hazardous.

Lillian Barnoski

B. P. Barnoski
Project Engineer
Delta Chemicals, Inc.

SENT TO
CSG 4/11/84

MED 051769958

DELTA CHEMICALS, INC.
Searsport, Maine 04974 • (207) 548-2525

March 21, 1984

Mr. Richard Baker
Dept. of Environmental Protection
State House Station 17
Augusta, Maine 04330

Dear Mr. Baker:

Attached please find a description of laboratory wastes which are to be shipped out of here for disposal. The wastes will be accumulated in two (2) thirty gallon, covered poly drums and one (1) five gallon covered, poly pail. Each container will be partially filled with a Cal-Flor-dry material to absorb the spent lab reagents since all are in aqueous solution.

The purpose of this letter is to request the necessary Hazardous Waste ID number and the manifests for the shipments.

The legal owner of the Company is James E. Duffy, III and his address is: No. 6 October Hill Rd., Holliston, MA 01746. The name and address of the Company is: Delta Chemicals, Inc. Kidder Point Road, Searsport, ME 04974 Tel. 207/548-2525 Contact: P. B. Pearson.

Very truly yours,

P.B. Pearson

Palmer B. Pearson
Chief Engineer

PBP:bj
Enclosure

cc: Dr. Harris J. Bixler, V.P. & Gen'l Manager, Delta Chemicals, Inc.
Mr. J. Alexander Horth, Manager of Engineering & Quality Control, Delta Chemicals, Inc.

TO: P. B. PEARSON

FROM: W. H. Boisvert

DATE: Januray 17, 1984

SUBJECT: Laboratory Waste Chemicals

	Description *	Liters Month	Liters Year
1	20% - 17% HCI, 20% - 10% KSCN, trace Al_2O_3	3	36
2	20% - 17% HCI, 20% - 10% KSCN, 20% - 0.1% $(NH_4)_2 S_2O_8$, trace Al_2O_3	9	108
3	10% - 37% HCHO	1.2	14.4
4	10% - 0.3% Hg $(SCN)_2$ in MEOH, 25% - 35% $Ca(NO_3)_2$, 20% - 5% Fe $(NH_4)_2 - (SO_4)_2$	1.2	14.4
5	30% - 0.5% $(C_2H_5)_2$ NCSSAg in pyridine	0.05	4.8
6	Also, 7.5 liters of Benzene is in need of disposal		

≈ 47.6 gals

* All wastes are in aqueous solution.

To the best of my knowledge, this represents a good estimate of the scheduled chemical waste in the lab.

W. H. Boisvert

W. H. Boisvert

WHB:vtm

Mix only as follows:

Drum #1 Items 1 and 2

Drum #2 Items 3, 5 and 6

5 gal. plastic pail: Item #4

Drums are 30 gal open top - use "Celfloor Dry" such that no free liquid is present in drums at time of shipment. Drums will be picked quarterly

Keep containers covered PBP

or an N/A.

NAME: GENERAL ALUM NEW ENGLAND
I.D. NO. MED 051769958
FILE LOC.
OTHER:

DELTA CHEMICALS, INC.
Searsport, Maine 04974 • (207) 548-2525

March 21, 1984

SQG
840416

Mr. Richard Baker
Dept. of Environmental Protection
State House Station 17
Augusta, Maine 04330

Dear Mr. Baker:

Attached please find a description of laboratory wastes which are to be shipped out of here for disposal. The wastes will be accumulated in two (2) thirty gallon, covered poly drums and one (1) five gallon covered, poly pail. Each container will be partially filled with a Cal-Flor-dry material to absorb the spent lab reagents since all are in aqueous solution.

The purpose of this letter is to request the necessary Hazardous Waste ID number and the manifests for the shipments.

The legal owner of the Company is James E. Duffy, III and his address is: No. 6 October Hill Rd., Holliston, MA 01746. The name and address of the Company is: Delta Chemicals, Inc. Kidder Point Road, Searsport, ME 04974 Tel. 207/548-2525 Contact: P. B. Pearson.

Very truly yours,

P. B. Pearson

Palmer B. Pearson
Chief Engineer

PBP:bj
Enclosure

cc: Dr. Harris J. Bixler, V.P. & Gen'l Manager, Delta Chemicals, Inc.
Mr. J. Alexander Horth, Manager of Engineering & Quality Control, Delta Chemicals, Inc.

already in MED051769958

SEP 10 1985

Company Name: Delta Chemicals, Inc.
Address: Kidders Pt. Rd., Searsport, ME 04974
Telephone: (207) 548-2525
EPA I.D.#: MED051769958

Contact Person: P. B. Pearson
Date: 9/9/85

O.K.

GENERATOR STATUS

1. Is your facility a generator of hazardous waste? (Y) N

2. Do you think that your facility might generate hazardous waste within the next 5 years. (Y) N

3. Does your facility generate more than 100kg (220lb) of hazardous waste per one month? Y (N)

STORAGE/TREATMENT/DISPOSAL

4. Is the waste stored on your facility site? (Y) N

5. Is your facility storing the waste for more than 90 days? Y (N)

6. Is the waste being treated by your facility? Y (N)

RCRA RECORDS CENTER
FACILITY General Alum New Eng
I.D. NO. MED051769958
FILE LOC. R-1A
OTHER

6a If yes, how is it treated?

TRANSPORTER

7. Is the substance being transported by your company? Y (N)

7a. If yes, what is your state (Maine) hazardous waste transporter license number? If you have none please indicate. #_____

7b. What is your EPA hazardous waste transporter license number? #_____

8. If no, Your transporter name(s). Please list if so needed. Jet Line Services, Inc.

8a. Transporter address if located in Maine. 106 Main St., So. Portland, ME 04106

8b. Transporter state (Maine) hazardous waste transporter license number. ME246802

8c. Transporter EPA hazardous waste license number.

PROTECTIVE FILER

9. Does your facility operate as a protective filer? Y (N)

10 Has your facility applied for a TSD closure? Y (N)

If so, when?

Is your company planning on applying for a closure? Y N

DISCHARGE PERMIT

AUTHORIZATION TO DISCHARGE UNDER THE
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of the Federal Water Pollution Control Act, as amended, (33 U.S.C. 1251 et. seq; the "Act"),

General Alum New England Corporation

is authorized to discharge from a facility located at

Kidders Point Road
Searsport, ME 04974

to receiving waters named

Stockton Harbor

in accordance with effluent limitations, monitoring requirements and other conditions set forth in Parts I, II, and III hereof.

This permit shall become effective on the 30th day after date of issue.

This permit and the authorization to discharge shall expire at midnight, 5 years from date of issuance.

Signed this 8 day of January, 1979.

Leslie Carothers

Leslie Carothers, Director
Enforcement Division
Environmental Protection Agency

This permit is transferred to General Alum New England Corporation
Signed this 21st day of June, 1994.

David A. Fierra

David A. Fierra, Director
Water Management Division
U.S. Environmental Protection Agency
Boston, MA

EPA006791

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning effective date and lasting through expiration
the permittee is authorized to discharge from outfall(s) serial number(s) 001 - uncontaminated cooling water

Such discharges shall be limited and monitored by the permittee as specified below:

Effluent Characteristic	Discharge Limitations				Monitoring Requirements	
	kg/day (lbs/day)		Other Units (Specify)			
	Daily Avg	Daily Max	Daily Avg	Daily Max	Measurement Frequency	Sample Type
Flow—m^3/Day (MGD)	—	—	—	11,355(3.0)	Monthly	Daily Average
Temperature - °C(°F)	-	-	-	29 (85)	Monthly	Daily Average

No discharge of pollutants shall cause the ambient temperature of any tidal body to be raised more than 4°F and in no event cause the temperature of the water to exceed 85°F.

The temperature of the discharge shall not exceed the temperature of intake by more than 20°F at any time.

The pH shall not be less than 6.0 standard units nor greater than 8.5 standard units and shall be monitored quarterly (report range)

There shall be no discharge of floating solids or visible foam in other than trace amounts.

Samples taken in compliance with the monitoring requirements specified above shall be taken at the following location(s):

Discharge 001

The discharge shall not cause a violation of the water quality standards of the receiving waters.

C. MONITORING AND REPORTING

1. *Representative Sampling*

Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored discharge.

2. *Reporting* As required by the Maine DEP

Monitoring results obtained during the previous months shall be summarized for each month and reported on a Discharge Monitoring Report Form (EPA No. 3320-1), postmarked no later than the 28th day of the month following the completed reporting period. The first report is due on . Duplicate signed copies of these, and all other reports required herein, shall be submitted to the Regional Administrator and the State at the following addresses:

Maine Department of Environmental Protection
State House
Hospital Road
Augusta, Maine 04330

3. *Definitions* See Attached Sheets

a. The "daily average" discharge means the total discharge by weight during a calendar month divided by the number of days in the month that the production or commercial facility was operating. Where less than daily sampling is required by this permit, the daily average discharge shall be determined by the summation of all the measured daily discharges by weight divided by the number of days during the calendar month when the measurements were made.

b. The "daily maximum" discharge means the total discharge by weight during any calendar day.

4. *Test Procedures*

Test procedures for the analysis of pollutants shall conform to regulations published pursuant to Section 304(g) of the Act, under which such procedures may be required.

5. *Recording of Results*

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall record the following information:

a. The exact place, date, and time of sampling;

b. The dates the analyses were performed;

c. The person(s) who performed the analyses;

d. The analytical techniques or methods used; and

e. The results of all required analyses.

6. *Additional Monitoring by Permittee*

If the permittee monitors any pollutant at the location(s) designated herein more frequently than required by this permit, using approved analytical methods as specified above, the results of such monitoring shall be included in the calculation and reporting of the values required in the Discharge Monitoring Report Form (EPA No. 3320-1). Such increased frequency shall also be indicated.

7. *Records Retention*

All records and information resulting from the monitoring activities required by this permit including all records of analyses performed and calibration and maintenance of instrumentation and recordings from continuous monitoring instrumentation shall be retained for a minimum of three (3) years, or longer if requested by the Regional Administrator or the State water pollution control agency.

A. MANAGEMENT REQUIREMENTS

1. *Change in Discharge*

All discharges authorized herein shall be consistent with the terms and conditions of this permit. The discharge of any pollutant identified in this permit more frequently than or at a level in excess of that authorized shall constitute a violation of the permit. Any anticipated facility expansions, production increases, or process modifications which will result in new, different, or increased discharges of pollutants must be reported by submission of a new NPDES application or, if such changes will not violate the effluent limitations specified in this permit, by notice to the permit issuing authority of such changes. Following such notice, the permit may be modified to specify and limit any pollutants not previously limited.

2. *Noncompliance Notification*

If, for any reason, the permittee does not comply with or will be unable to comply with any daily maximum effluent limitation specified in this permit, the permittee shall provide the Regional Administrator and the State with the following information, in writing, within five (5) days of becoming aware of such condition:

a. A description of the discharge and cause of noncompliance; and

b. The period of noncompliance, including exact dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate and prevent recurrence of the noncomplying discharge.

3. *Facilities Operation*

The permittee shall at all times maintain in good working order and operate as efficiently as possible all treatment or control facilities or systems installed or used by the permittee to achieve compliance with the terms and conditions of this permit.

4. *Adverse Impact*

The permittee shall take all reasonable steps to minimize any adverse impact to navigable waters resulting from noncompliance with any effluent limitations specified in this permit, including such accelerated or additional monitoring as necessary to determine the nature and impact of the noncomplying discharge.

5. *Bypassing*

Any diversion from or bypass of facilities necessary to maintain compliance with the terms and conditions of this permit is prohibited, except (i) where unavoidable to prevent loss of life or severe property damage, or (ii) where excessive storm drainage or runoff would damage any facilities necessary for compliance with the effluent limitations and prohibitions of this permit. The permittee shall promptly notify the Regional Administrator and the State in writing of each such diversion or bypass.

6. *Removed Substances*

Solids, sludges, filter backwash, or other pollutants removed in the course of treatment or control of wastewaters shall be disposed of in a manner such as to prevent any pollutant from such materials from entering navigable waters.

7. *Power Failures*

In order to maintain compliance with the effluent limitations and prohibitions of this permit, the permittee shall either:

a. In accordance with the Schedule of Compliance contained in Part I, provide an alternative power source sufficient to operate the wastewater control facilities;

or, if such alternative power source is not in existence, and no date for its implementation appears in Part I,

b. Halt, reduce or otherwise control production and/or all discharges upon the reduction, loss, or failure of the primary source of power to the wastewater control facilities.

B. RESPONSIBILITIES

1. *Right of Entry*

The permittee shall allow the head of the State water pollution control agency, the Regional Administrator, and/or their authorized representatives, upon the presentation of credentials:

a. To enter upon the permittee's premises where an effluent source is located or in which any records are required to be kept under the terms and conditions of this permit; and

b. At reasonable times to have access to and copy any records required to be kept under the terms and conditions of this permit; to inspect any monitoring equipment or monitoring method required in this permit; and to sample any discharge of pollutants.

2. *Transfer of Ownership or Control*

In the event of any change in control or ownership of facilities from which the authorized discharges emanate, the permittee shall notify the succeeding owner or controller of the existence of this permit by letter, a copy of which shall be forwarded to the Regional Administrator and the State water pollution control agency.

3. *Availability of Reports*

Except for data determined to be confidential under Section 308 of the Act, all reports prepared in accordance with the terms of this permit shall be available for public

inspection at the offices of the State water pollution control agency and the Regional Administrator. As required by the Act, effluent data shall not be considered confidential. Knowingly making any false statement on any such report may result in the imposition of criminal penalties as provided for in Section 309 of the Act.

4. *Permit Modification*

After notice and opportunity for a hearing, this permit may be modified, suspended, or revoked in whole or in part during its term for cause including, but not limited to, the following:

a. Violation of any terms or conditions of this permit;

b. Obtaining this permit by misrepresentation or failure to disclose fully all relevant facts; or

c. A change in any condition that requires either a temporary or permanent reduction or elimination of the authorized discharge.

5. *Toxic Pollutants*

Notwithstanding Part II, B-4 above, if a toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is established under Section 307(a) of the Act for a toxic pollutant which is present in the discharge and such standard or prohibition is more stringent than any limitation for such pollutant in this permit, this permit shall be revised or modified in accordance with the toxic effluent standard or prohibition and the permittee so notified.

6. *Civil and Criminal Liability*

Except as provided in permit conditions on "Bypassing" (Part II, A-5) and "Power Failures" (Part II, A-7), nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance.

7. *Oil and Hazardous Substance Liability*

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject under Section 311 of the Act.

8. *State Laws*

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties established pursuant to any applicable State law or regulation under authority preserved by Section 510 of the Act.

9. *Property Rights*

The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State or local laws or regulations.

10. *Severability*

The provisions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstance, is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

PART III

OTHER REQUIREMENTS

This permit may be modified, or, alternatively, revoked and reissued, to comply with any applicable effluent limitation issued pursuant to the order the United States District Court for the District of Columbia issued on June 8, 1976, in Natural Resources Defense Council, Inc. et. al. v. Russell E. Train, 8 ERC 2120 (D.D.C. 1976), if the effluent limitations so issued:

(1) is different in conditions or more stringent than any effluent limitation in the permit; or

(2) controls any pollutant not limited in the permit.

FOR PURPOSES OF THIS PERMIT, THE FOLLOWING TERMS SHALL HAVE

Daily Average - The value of a composite sample or the mean value of the analyses of the specified number of samples collected at regular intervals over a normal operating day.

Daily Maximum - The maximum value of any one grab sample collected in a normal operating day.

Grab Sample - An individual sample collected in a period of less than 15 minutes.

Composite Sample - A sample consisting of a minimum of eight grab samples collected at regular intervals over a normal operating day and combined proportional to flow, or a sample continuously collected proportional to flow over a normal operating day.

Implementation Schedule - An abatement program consisting of:

a. A plan of intended design, construction, and operation of new or modified facilities to treat the effluent; and

b. A timetable setting forth the dates by which all sources of water pollution must be in compliance with the effluent limitations of this permit. This schedule shall include (if appropriate) interim and final dates to accomplish:

(1) Completion of preliminary plans and engineering report
(2) Completion of final plans
(3) Contract award
(4) Commencement of construction
(5) Completion of construction and commencement of operation
(6) Attainment of operational level

The following abbreviations, when used, are defined below.

mg/l	milligrams per liter
ug/l	micrograms per liter
lbs/day	pounds per day
kg/day	kilograms per day
Temp. °C	temperature in degrees Centigrade
Temp. °F	temperature in degrees Fahrenheit
Turb.	turbidity measured in Jackson Candle Units (JTU)

TNFR or TSS	total nonfilterable residue or total suspended solids
BOD	five-day biochemical oxygen demand unless otherwise specified
TKN	total Kjeldahl nitrogen as nitrogen
NH_3-N	ammonia nitrogen as nitrogen
Total P	total phosphorus as phosphorus
COD	chemical oxygen demand
TOC	total organic carbon
Surfactant	surface-active agent
pH	a measure of the hydrogen ion concentration
PCB	polychlorinated biphenyl
m^3/Day	cubic meters per day
MGD	million gallons per day
Oil & Grease	hexane extractable material
Total Coliform	total coliform bacteria
Fecal Coliform	total fecal coliform bacteria
ml	milliliter(s)
ml/l	milliliter(s) per liter
SU	standard units
NO_3-N	nitrate nitrogen as nitrogen
NO_2-N	nitrite nitrogen as nitrogen
NO_2 & NO_3	combined nitrite and nitrate nitrogen as nitrogen
Cl_2	total residual chlorine

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

JUL 18 1994

James T. Kilbreth, Esquire
Verrill & Dana
One Portland Square
P.O. Box 586
Portland, Maine 04112-0586

Re: Change of Ownership
NPDES Permit No. ME0001830

Dear Mr. Kilbreth:

In response to your March 18, 1994 letter on behalf of your client, General Alum New England Corporation, we are acknowledging the transfer of ownership of the National Pollutant Discharge Elimination System (NPDES) permit issued to Delta Chemicals Corporation on January 8, 1979 to General Alum New England Corporation.

Enclosed is a copy of the NPDES permit originally issued to Delta Chemicals Incorporated for its facility located in Searsport, Maine.

The cover page has been changed to reflect the transfer of ownership and operational responsibilities to General Alum New England Corporation. As you can see the current permit has expired; however the conditions of this permit will continue in force until your client's new permit is issued and becomes effective since the Delta Chemicals Corporation filed a timely and complete application. Prior to drafting a new permit for your client's facility we will contact your client for any information found necessary to clarify or supplement previously submitted data.

We look forward to working with your client in the future. Should you have any questions concerning this permit, please do not hesitate to contact Edward Lavery of my staff at (617) 565-3935.

Sincerely,

EPA006801

Veronica G. Harrington, Chief
[illegible] Operation Section

Enclosure

cc: Maine Department of Environmental Protection
James L. Neuharth, Delta Chemicals Incorporated

CONCURRENCES

SYMBOL	WCP	WCB					AW/CB	IW/WB
SURNAME	Lavery	[illegible]					S. [illegible]	[illegible]
DATE	5/27/94	6/20/94					5/31/94	6/[illegible]/94

EPA Form 1320-1 (12-70) OFFICIAL FILE COPY

VERRILL & DANA
ATTORNEYS AT LAW
ONE PORTLAND SQUARE
P. O. BOX 586
PORTLAND, MAINE 04112-0586
(207) 774-4000
FACSIMILE (207) 774-7499

OFFICES IN:
AUGUSTA, MAINE
KENNEBUNK, MAINE

JAMES T. KILBRETH
Partner

MAR 21 1994

3/24/94
Shelley, Please process
thanks!
Connie

March 18, 1994

Ms. Shelley Puleo
U.S. Environmental Protection Agency
JFK Federal Building
Compliance Branch - WCP
Boston, Massachusetts 02203

Re: Delta Chemicals, Inc./General Alum New England Corp.--NPDES Permit No. ME0001830

Dear Ms. Puleo:

This letter is to follow-up on our discussion last week concerning how to handle the transfer and possible amendment of the NPDES permit issued to Delta Chemicals, Inc. for the Searsport facility that has been acquired by General Alum New England Corp.

You indicated in that conversation that you would provide me with whatever forms you wished us to complete to effectuate the transfer and amend the renewal application. Enclosed is a draft amendment to the application for your review. In addition, General Alum is in the process of reviewing its discharges; Alec Horth will be in touch with you to discuss the options, including the possibility that General Alum may be now covered by a general permit for non-contact cooling water.

Thank you very much for your attention to this matter. If you have any questions, please feel free to contact me.

Sincerely,

James T. Kilbreth

James T. Kilbreth

JTK:bl
Enclosure

cc: Timothy J. Poure
Alec Horth

[ATY.JTK.D12537]PULEO.LTR

DELTA CHEMICALS, INC.
Searsport, Maine 04974 • (207) 548-2525 • FAX (207) 548-2891

March 7, 1994

Mr. Tim J. Poure
Executive Vice President
General Alum & Chemical Corporation
1145 Corporate Drive
P. O. Box 819
Holland, OH 43528

Dear Tim:

Re: NPDES Permit

As required by Part II(B) (2) of Delta's January 8, 1979 NPDES permit, this is to notify you of the existence of that permit, NPDES Permit No. ME 0001830.

Very truly yours,

DELTA CHEMICALS, INC.

James L. Neuharth
President and C. O. O.

JLN/gkt

pc: Shelly Puleo, EPA
Martha Kirkpatrick, DEP
Matt Manahan
J. E. Duffy
Duard Ballard

EPA006804

March ___, 1994

Ms. Shelly Puleo
U.S. Environmental Protection Agency
J.F.K. Federal Building
Compliance Branch - WCP
Boston, MA 02203

Re: NPDES Permit # ME 0001830 Delta Chemicals, Inc. and General Alum New England Corp.

Dear Ms. Puleo:

This letter is submitted to request a minor modification of the above-referenced NPDES permit, pursuant to 40 C.F.R. §122.63(d), to allow for a change in ownership of the facility. The current permit was issued to Delta Chemicals, Inc. ("Delta"), on January 8, 1979 and a renewal application was timely submitted on April 1, 1983.

The current permittee (Delta) and the proposed permittee (General Alum New England Corp.) have agreed that the transfer of permit responsibility, coverage and liability between them is to be effective the date General Alum purchased the facility from Delta (March 8, 1994). Delta will no longer have any role in operating the facility.

The change in operational responsibility for the facility will not affect the operation of the facility, nor will it affect the quantity or quality of the effluent.

Very truly yours,

_____
James L. Neuharth, President &
Chief Operating Officer
Delta Chemicals, Inc.

_____
Timothy J. Poure, President
General Alum New England Corp.

REPORT OF PHONE CALL
OR VISIT

IN: **OUT:** **FILE #:** ME0001830

DATE: 2/3/94 **TIME:**10:00 **FILE NAME:** Delta Chemical

PERSON CONTACTED: Liz Armstrong, Fleet Bank

PHONE No.: (207) 791-2199

LOCATION:

SUBJECT: Status of reapplication.

SUMMARY: I returned Ms. Armstrong's call. Fleet Bank has an interest in Delta Chemical. She wished to know the status of their NPDES permit reapplication.

I explained that the permit was issued on January 8, 1979. The permittee is required to reapply every 5 years (180 days prior to the permit expiration). The permit remains in effect if the permittee has filed a timely and complete application and there are no other extenuating circumstances.

The last application complete letter is dated June 28, 1988. I said I would contact Shelley Puleo of the Program Operations Section to see if an application had been mailed to the Company.

We spoke briefly about process changes and the fact that an expired permit may not be modified. We also discussed the possibility that the permit may be reissued in the future.

ACTION REQUIRED: Request that the Program Operations Section follow-up on reapplication for Delta Chemical.

SIGNATURE: Doug Corb **DOUG CORB WMC 565-3519**

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

June 28, 1988

Mr. J. Alexander Horth
Technical Director
Delta Chemicals, Inc.
P.O. Box 414
Searsport, Maine 04974

Re: NPDES Reapplication No. ME0001830

Dear Mr. Horth:

Your reapplication for a National Pollutant Discharge Elimination System (NPDES) permit has been reviewed and appears to be complete. You may be contacted for additional information as the permit is developed, should it be necessary to clarify, modify or supplement any previously submitted information. By copy of this letter, your State Water Pollution Control Agency is being furnished a copy of your complete application for certification pursuant to Section 401(a)(1) of the Clean Water Act, as amended, 33 U.S.C §1341(a)(1).

A draft permit and statement of basis or fact sheet will be prepared by this office and forwarded to you for comment prior to the opening of the public comment period. The draft permit will then be publicly noticed and forwarded for state certification if certification has not previously been received on the application. If it is deemed necessary, a public hearing will be held, in which case, the comment period will be extended until the close of the hearing. After the close of the public comment period, your final permit will be issued providing no new substantial questions are raised. If new questions develop during the comment period, it may be necessary to draft a new permit, revise the statement of basis or fact sheet and/or reopen the public comment period.

The conditions of your present permit will continue in force until your new permit is issued and becomes effective since you have filed a timely and complete application. 40 C.F.R. §122.6, 48 Fed. Reg. 14158 (April 1, 1983).

Should you have any questions concerning the permit issuance process, don't hesitate to contact Shelley Puleo of my staff. She may be reached at 617/565-3528.

Sincerely yours,

CODED PCS JC
DATE 6/29/88

Edward K. McSweeney, Chief
Compliance Branch

cc: State Water Pollution Control Agency w/encl.

SPULEO/sp/06/23/88/disk Ltr III #14

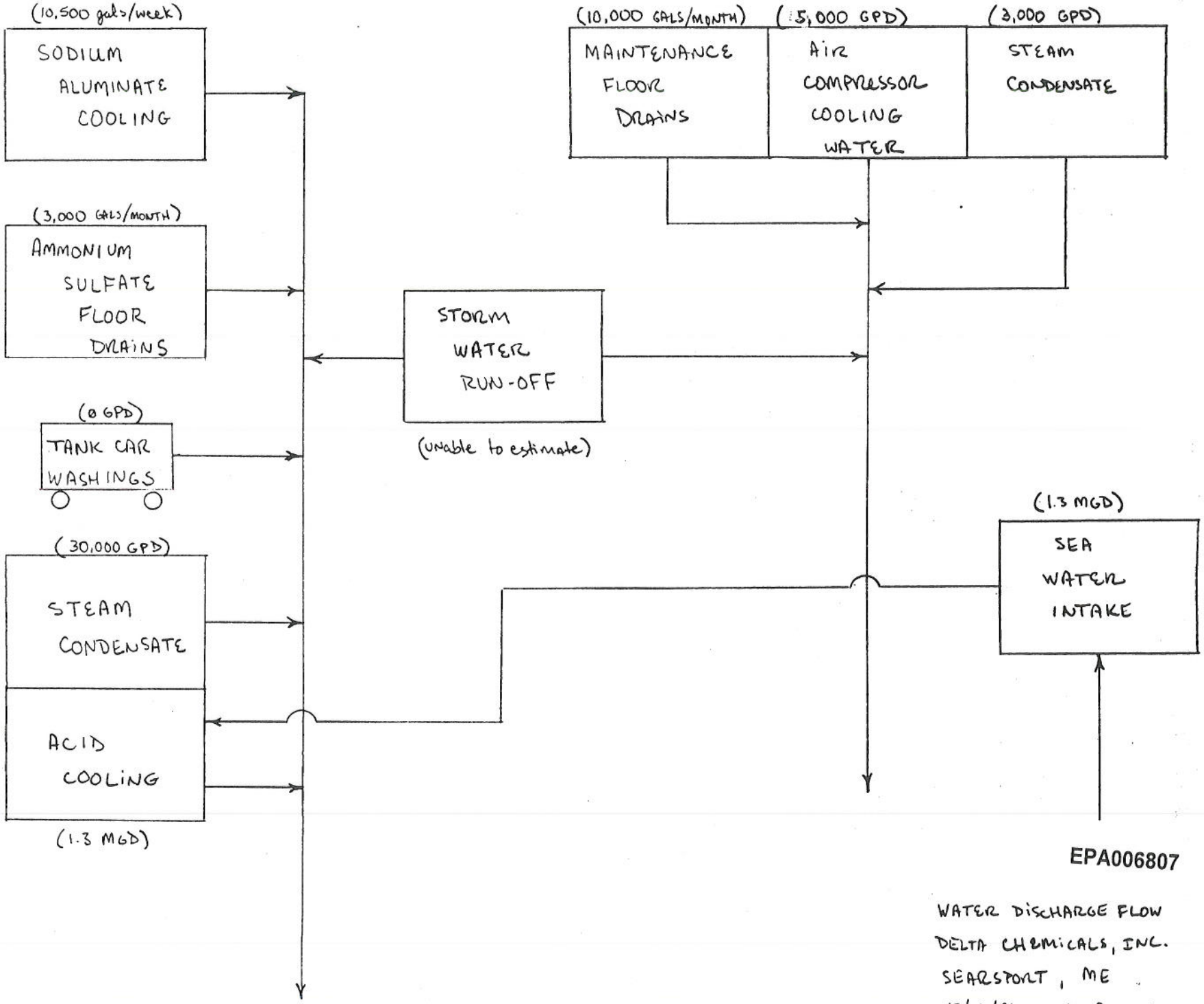
CONCURRENCES

SYMBOL			HWCB	WCB
SURNAME			S. Puleo	Harrington
DATE			6/23/88	6/24/88

EPA Form 1320-1 (12-70)

OFFICIAL FILE COPY

EPA006806



EPA006807

WATER DISCHARGE FLOW
DELTA CHEMICALS, INC.
SEARSPORT, ME
12/16/86 MTS

DELTA CHEMICALS, INC.
Searsport, Maine 04974 • (207) 548-2525

June 14, 1987

Shelley Puleo
Compliance Branch
EPA Region I
JFK Federal Building
Boston, MA 02203

Dear Shelley,

Per your written request of March 10, 1987, and our subsequent telephone conversations, I have revised the NPDES Application (#ME0001830) as you had requested with the exception of the broad testing requested on Outfall 001 and Outfall 002.

I would like to request waivers on these tests for the following reasons.

OUTFALL 001:

1. The predominant flow of this outfall is non-contact sea water. All of the metals on the list on page V-3 are present in sea water.

2. The products produced in the vicinity of the drainage piping which leads to Outfall 001 are inorganic, high purity chemicals. The raw materials used in these processes are also high purity. There are no effluent streams from these processes. Product specifications are attached for review.

3. The chemicals listed under the headings of "GC/MS- Volatile Compounds, - Acid Compounds, and - Base/Neutral Compounds," have never been used in the plant areas at any time in the history of this facility.

4. Pesticides have not been used anywhere in the facility, except for inside office areas (e.g. "Raid").

OUTFALL 002:

1. The predominant flow of this outfall is non-contact potable water from an air compressor cooling system and steam condensate. The flow of cooling water is relatively constant throughout the year while the flow of condensate is highest in the winter and very low in the summer.

2. Only one chemical process is located in the vicinity of the drainage piping which leads to Outfall 002. This organic process is completely closed with no effluent produced. The entire process is isolated from any openings in the drainage system.

3. None of the CG/MS chemicals listed have been used in the facility.

You had requested that we analyze both outfalls for aluminum in reference to the tank car and tank truck washing and testing. In our phone conversation, I had explained that we have not actually discharged any washing materials into either outfall for the last few years. This washing material (99+% potable water) has been recycled in the aluminum sulfate process. Only clean water from a hydrostatic test of one of these tank cars or tank trucks would be discharged to one of the outfalls. You requested that we sample and test the outfalls for aluminum at the time we discharge this hydrostatic testing water. Since our phone conversation we have not had to test any of our tankers. Therefore, I have not been able to comply with this request for aluminum testing. However, I will provide this information in a separate report to you when the first opportunity occurs.

If you have any questions, please do not hesitate to call.

Sincerely,

JAH

J. Alexander Horth,
Technical Director

JAH/dpr
Attachment

Inadvertently the following portion was omitted from the March 10, 1987 Notice of Deficiency:

The outfall description given on page 1 of 4 of Form 2C indicates that stormwater is also present in your outfalls (001 and 002). (Stormwater insert) ~~Since~~ Both stormwater outfalls qualify as Group I since they are located at an industrial area. As a Group I discharger you must provide data for BOD, COD, TOC, pH, ammonia, TSS and oil and grease. Please note that ~~a~~ separate representative samples ~~of~~ for ~~oil and grease~~ analysis of the ~~listed~~ pollutants listed above must be taken ~~at the time of~~ during a storm event. ~~You can be granted a waiver for Ammonia for both outfalls.~~ Also, under §122.21 (g)(7)iii, Group I's must indicate presence or absence of the pollutants contained in Parts B and C on pages V-1 through V-9 for their stormwater discharges. If any of these pollutants are believed present in the stormwater discharge, then data must be provided. ~~You should also be aware that each outfall must be reported separately.~~

DELTA CHEMICALS, INC.
Searsport, Maine 04974 • (207) 548-2525

SPECIFICATION SHEET
LIQUID ALUM

Property	Product Specifications
Appearance	- Straw-Colored Liquid
	- Free from particles over 30 Microns in size
Baume at 60°F	- 36.20° min.
Weight per gallon	- 11.111 lbs.
Dry 17% Alum	- 48.86% min.
Freezing Point	- 4°F
Total Al_2O_3	- 8.31% min.
Free Al_2O_3	- 0.05% min.
Ferric Iron as Fe_2O_3	- 0.01% max.
Ferrous Iron as FeO	- 0.15% max.
Lead	- 5.0 ppm max.
Heavy Metals (as Pb)	- 10.0 ppm max.
Selenium	- 5.0 ppm max.
Arsenic	- 1.0 ppm max.
Fluoride	- 5.0 ppm max.

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
2819 (specify) Industrial Inorganic Chemical	2869 (specify) Industrial Organic Chemicals
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME

DELTA CHEMICALS, INC.

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☒ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.) A 207 548 2525

E. STREET OR P.O. BOX

P. O. BOX 436

F. CITY OR TOWN

SEARSPORT

G. STATE ME

H. ZIP CODE 04974

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) 9 N ME0001830	**D. PSD** (Air Emissions from Proposed Sources) 9 P
B. UIC (Underground Injection of Fluids) 9 U	**E. OTHER** (specify) 9 2159 (specify) ME State Air Emission License
C. RCRA (Hazardous Wastes) 9 R	**E. OTHER** (specify) 9 2530 (specify) ME State Waste Discharge License

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Delta Chemicals manufactures sulfuric acid, aluminum sulfate, sodium aluminate, ammonium sulfate, emulsified sulfur and a polymer solution. The Company's products are marketed by direct solicitation through its sales force and through chemical distributors.

EPA006817

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
~~J. ALEXANDER HORTH MGR of ENGR~~ Michael H. Harman Vice President	Michael N Harman	6/15/87 6/17/87

COMMENTS FOR OFFICIAL USE ONLY

(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved. OMB No. 2000-0474. Expires 3-31-84.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F M E D 0 5 1 7 6 9 9 5 8 — D

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		X
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: D e l t a C h e m i c a l s , I n c .

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*: 2 S c a n l a n , M a r t i n , , P r o j e c t E n g .

B. PHONE *(area code & no.)*: 2 0 7 | 5 4 8 | 2 5 2 5

RECEIVED EPA

JAN 12 1987

COMPLIANCE BRANCH

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 P . O . B o x 4 3 6

B. CITY OR TOWN: 4 S e a r s p o r t

C. STATE: M E

D. ZIP CODE: 0 4 9 7 4

COMPLIANCE BRANCH

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VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 K i d d e r s P o i n t R o a d

B. COUNTY NAME: W a l d o

C. CITY OR TOWN: 6 S e a r s p o r t

D. STATE: M E

E. ZIP CODE: 0 4 9 7 4

F. COUNTY CODE *(if known)*:

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JAN 12 1987

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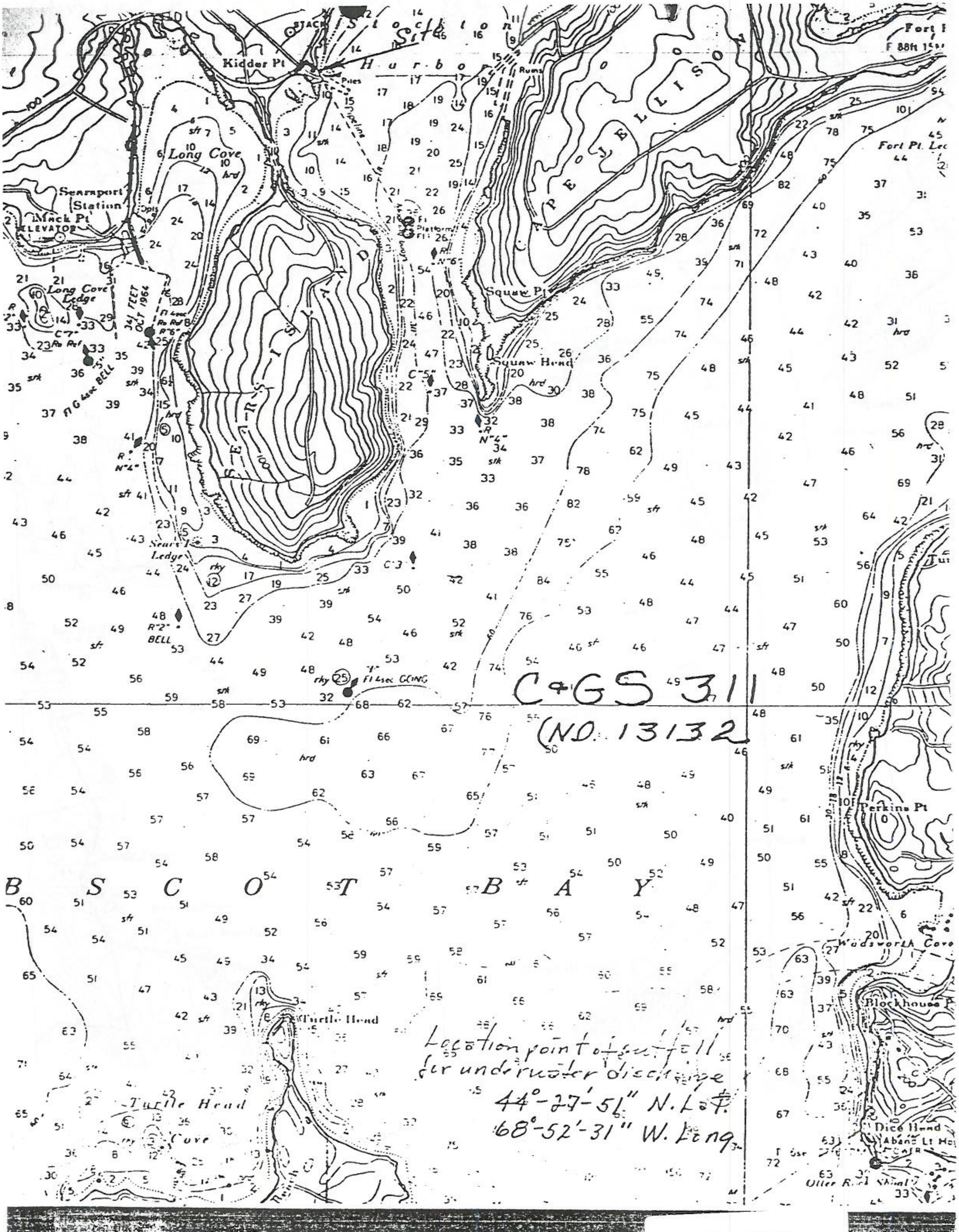
C&GS 311
(NO. 13132)
Location point of outfall
for underwater discharge
44°-27'-51" N. Lat.
68°-52'-31" W. Long.
Stockton Harbor
Kidder Pt
Long Cove
Searsport Station
Mack Pt
ELEVATOR
Long Cove Ledge
34 FEET OCT 1964
Sears I. Ledge
SEARS ISLAND
CAPE JELLISON
Squaw Pt
Squaw Head
Fort Pt
Fort Pt. Ledge
Perkins Pt
Wadsworth Cove
Blockhouse Pt
Dice Head
Otter Rock Shoal
PENOBSCOT BAY
Turtle Head
Turtle Head Cove
Fl 4sec GONG
R "2" BELL

EPA006818

Please print or type in the unshaded areas only. MED051769958

Approval expires 12-31-85

FORM 2C NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE 1. DEG.	2. MIN.	3. SEC.	C. LONGITUDE 1. DEG.	2. MIN.	3. SEC.	D. RECEIVING WATER (name)
001	44	27	52	68	52	47	Stockton Harbor
002	44	28	01	68	52	48	Stockton Harbor

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW a. OPERATION (list)	b. AVERAGE FLOW (include units)	3. TREATMENT a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	NON-CONTACT COOLING SEA WATER FROM SULFURIC ACID COOLERS	1.3 mgd	NONE	4	B
001	NON-CONTACT COOLING POTABLE WATER FROM SODIUM ALUMINATE PLANT	10,500 gal/month	NONE	4	B
001	STEAM CONDENSATE	30,000 gal/day	NONE	4	B
001	AMMONIUM SULFATE FLOOR DRAINS	3,000 gal/month	NONE	4	B
001	TANK CAR WASHDOWNS	-0-	NEUTRALIZE	2	K
001	STORM WATER RUNOFF	UNABLE TO EST.	NONE	4	B
002	MAINTENANCE FLOOR DRAINS (Tank Truck Hydrostatic Testing)	10,000 gal/month	NEUTRALIZE	2	K
002	STEAM CONDENSATE	20,000 gal/day	NONE	4	B
002	STORM WATER RUNOFF	UNABLE TO EST.	NONE	4	B
002	NON-CONTACT COOLING POTABLE WATER FROM AIR-COMPRESSORS	5,000 gal/day	NONE	4	B

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JUN 18 1987
COMPLIANCE BRANCH

RECEIVED - EPA
JAN 12 1987
COMPLIANCE BRANCH

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

EPA006821

CONTINUE ON REVERSE

. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ YES *(complete the following table)* ☐ NO *(go to Section III)*

OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY a. DAYS PER WEEK *(specify average)*	3. FREQUENCY b. MONTHS PER YEAR *(specify average)*	4. FLOW a. FLOW RATE *(in mgd)* 1. LONG TERM AVERAGE	4. FLOW a. FLOW RATE *(in mgd)* 2. MAXIMUM DAILY	4. FLOW b. TOTAL VOLUME *(specify with units)* 1. LONG TERM AVERAGE	4. FLOW b. TOTAL VOLUME *(specify with units)* 2. MAXIMUM DAILY	4. FLOW c. DURATION *(in days)*
001	Non-Contact Cooling Water for Sodium Aluminate Plant	3	12		.0035			
001	Ammonium Sulfate Floor Drains	.5	12		.0015			
001	Tank Car Washdowns	1	1		.025			
002	Tank Truck Hydrostatic Testing	.5	12		.010			

. PRODUCTION

. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES *(complete Item III-B)* ☒ NO *(to to Section IV)*

3. Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☐ YES *(complete Item III-C)* ☒ NO *(go to Section IV)*

. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	2. AFFECTED OUTFALLS *(list outfall numbers)*

'. IMPROVEMENTS

.. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES *(complete the following table)* ☒ NO *(go to Item IV-B)*

IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED

. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)
MED051769958

Form Approved.
OMB No. 2000-0059
Approval expires 12-31-85

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may b discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in you possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES *(list all such pollutants below)* ☒ NO *(go to Item VI-B)*

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CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES *(identify the test(s) and describe their purposes below)* ☒ NO *(go to Section VIII)*

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☒ NO *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
Michael H Harmon Vice President ~~J. ALEXANDER HORTH, MGR of ENGR~~	207-548-2525
C. SIGNATURE	**D. DATE SIGNED**
~~J. Alexander~~ Michael H Harmon	1/7/87

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – PESTICIDES *(continued)*															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

EPA006826

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	2. MARK 'X' b. BELIEVED PRESENT	2. MARK 'X' c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
C/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
2V. Methylene hloride (75-09-2)			X												
3V. 1,1,2,2-Tetra-hloroethane 79-34-5)			X												
4V. Tetrachloro-thylene (127-18-4)			X												
5V. Toluene 108-88-3)			X												
6V. 1,2-Trans-ichloroethylene 156-60-5)			X												
7V. 1,1,1-Tri-hloroethane 71-55-6)			X												
8V. 1,1,2-Tri-hloroethane 79-00-5)			X												
9V. Trichloro-thylene (79-01-6)			X												
0V. Trichloro-luoromethane 75-69-4)			X												
1V. Vinyl hloride (75-01-4)			X												
C/MS FRACTION – ACID COMPOUNDS															
A. 2-Chlorophenol 95-57-8)			X												
A. 2,4-Dichloro-henol (120-83-2)			X												
A. 2,4-Dimethyl-henol (105-67-9)			X												
A. 4,6-Dinitro-O-resol (534-52-1)			X												
A. 2,4-Dinitro-henol (51-28-5)			X												
A. 2-Nitrophenol 88-75-5)			X												
A. 4-Nitrophenol 100-02-7)			X												
A. P-Chloro-M-resol (59-50-7)			X												
A. Pentachloro-henol (87-86-5)			X												
0A. Phenol 108-95-2)			X												
1A. 2,4,6-Tri-hlorophenol 88-06-2)			X												

EPA006827

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	2. MARK 'X' b. BELIEVED PRESENT	2. MARK 'X' c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (67-72-1)			X												
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

EPA006831

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	2. MARK 'X' b. BELIEVED PRESENT	2. MARK 'X' c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
C/MS FRACTION – PESTICIDES *(continued)*															
7P. Heptachlor poxide 1024-57-3)			X												
8P. PCB-1242 53469-21-9)			X												
9P. PCB-1254 11097-69-1)			X												
0P. PCB-1221 11104-28-2)			X												
1P. PCB-1232 11141-16-5)			X												
2P. PCB-1248 12672-29-6)			X												
3P. PCB-1260 11096-82-5)			X												
4P. PCB-1016 12674-11-2)			X												
5P. Toxaphene 8001-35-2)			X												

EPA006830

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
MED051769958	002

Form Approved.
OMB No. 2000-0059
Approval expires 12-31-85

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total, 7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

EPA006828

LEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of his information on separate sheets *(use the same format)* instead of completing these pages. EE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: MED051769958

Form Approved. OMB No. 2000-0059 Approval expires 12-31-85

OUTFALL NO.: 002

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	2. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	2. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	2. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	2. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	2. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	2. EFFLUENT d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS (specify if blank) b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE (optional) b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	Req. Waiver											
b. Chemical Oxygen Demand *(COD)*	Req. Waiver											
c. Total Organic Carbon *(TOC)*	Req. Waiver											
d. Total Suspended Solids *(TSS)*	16						1	mg/l		4		
e. Ammonia *(as N)*	Req. Waiver											
f. Flow	VALUE 15,000 gpd		VALUE		VALUE					VALUE		
g. Temperature *(winter)*	VALUE 28°C		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE 35°C		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.0	MAXIMUM 8.5	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate–Nitrite *(as N)*		X												

EPA006829

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	2. MARK 'X' b. BELIEVED PRESENT	2. MARK 'X' c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						d. NO. OF ANALYSES	4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total, 7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

EPA006833

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: MED051769958

Form Approved. OMB No. 2000-0059 Approval expires 12-31-85

OUTFALL NO: 001

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS (specify if blank) b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE (optional) b. NO. OF ANALYSE
a. Biochemical Oxygen Demand *(BOD)*	Req. Waiver											
b. Chemical Oxygen Demand *(COD)*	Req. Waiver											
c. Total Organic Carbon *(TOC)*	Req. Waiver											
d. Total Suspended Solids *(TSS)*	93				24.4		23	mg/l		18.2		23
e. Ammonia *(as N)*	Req. Waiver											
f. Flow	VALUE 3.0 MGD		VALUE		VALUE 1.3 MGD					VALUE		
g. Temperature *(winter)*	VALUE 29°C		VALUE		VALUE 13°C			°C		VALUE		
h. Temperature *(summer)*	VALUE 29°C		VALUE		VALUE 24°C			°C		VALUE		
i. pH	MINIMUM 6.0	MAXIMUM 8.5	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. ANALYSE
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate–Nitrite *(as N)*		X												

EPA006834

VISIT

Out: _____ File: ME 000 1830

Date: 4/22/87 Time: _____ Routing: Delta Chemical

Person Contacted: Alexander Harth

Phone No. 207/548-2525

Location: _____

Subject: _____

Summary: Mr. Harth feels that the testing that I have requested is unreasonable. Discharges are intermittent and would take a while in order to collect a sample. Also, testing not pertinent to his discharge. I requested that he send us a letter expressing his concerns.

Action Required: End of next week should have Mr. Harth's letter.

Shelley Puleo

EPA006835

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

3/10/87

Dr. Peter Bixler
Delta Chemicals, Inc.
P.O. Box 414
Searsport, ME 04974

Re: NPDES Application No. ME0001830

Dear Dr. Bixler:

Your application for a National Pollutant Discharge Elimination System (NPDES) permit has been reviewed and found to be deficient in the following areas:

Form 1

Item XIII - Certification
The application must be signed by a responsible corporate officer.

Form 2C

Item III - A - Production
2. Incorrectly marked no. Guidelines do exist for your facility.

EPA006836

Item IX - Certification
The application must be signed by a responsible corporate officer.

Item V - Intake and Effluent Characteristics
Part C - Outfall 001 - Given the nature of the discharge we are requesting that you test Outfall 001 for the metals, cyanide, and total phenols contained on Pages V-3 of Form 2C; and the following GC/MS fractions: Volatiles, Acid and Base/Neutral compounds, and Pesticides.

Item V - Intake and Effluent Characteristics
Part A - Outfall 002 - Summer temperature was not provided, as required.

Part B - Given the nature of your discharges, we are requiring that you analyze both outfalls for aluminum.

Part C - Given the nature of the discharge we are requesting that you test Outfall 002 for the metals, cyanide and total phenols contained on Page V-3 of Form 2C; and the following GC/MS fractions: Volatiles, Acid, Base/Neutral and Pesticide fractions.

CONCURRENCES

SYMBOL	DWCB				
SURNAME	S. Pinder				
DATE	3/5/87				

EPA Form 1320-1 (12-70) OFFICIAL FILE COPY

GPO : 1983 O - 403-201

You are required to submit the above mentioned information to this office within 30 days. This information should be supplied on your original application which is enclosed. Failure or refusal to correct the deficiencies noted may result in the denial of your permit request and the initiation of appropriate enforcement action under the Clean Water Act for discharging without a permit.

If you have any questions relative to this submittal, don't hesitate to contact Shelley Puleo of my staff. She may be reached at 617/565-3528.

Sincerely yours,

Edward K. McSweeney, Chief
Compliance Branch

Enclosure

EPA:1W:WCP:S.Puleo/ag/3-3-87/disk Ltr II #8

EPA006837

CONCURRENCES								
SYMBOL								
SURNAME								
DATE								

DELTA CHEMICALS, INC.
Searsport, Maine 04974 • (207) 548-2525

ME0001830

RECEIVED - EPA
JAN 12 1987
COMPLIANCE BRANCH

January 7, 1987

Shelley Puleo
Compliance Branch
E.P.A. Region 1
J.F. Kennedy Federal Building
Boston, MA 02203

Re: Application for Individual Permit

In response to a letter from Edward K. McSweeney to Dr. Peter Bixler dated November 19, 1986 enclosed are Forms 1 and 2C to update our 1983 application with you.

Pursuant to our telephone call of December 10, 1986 Delta requests waivers on Form 2C in the following areas:

Outfall No. 001
V. Part A (a, b, c and e)
Part B (k and o)

Outfall No. 002
V. Part A (a, b, c and e)
Part B (k and o)

Overall, our discharge from this site is maintained at a minimum. The attached table lists Delta's discharge sources and their outputs.

The sulfuric acid plant discharges approximately 1.3 million gallons per day of non-contact cooling sea water. Also discharged from the area is approximately 30,000 gallons of steam condensate (some of the 30,000 gallons is flashed as vapor to the atmosphere) which contains 10 pounds of corrosion inhibitors per 100,000 gallons of town water used.

The ammonium sulfate plant discharges approximately 3,000 gallons per month of washdown water from process clean up. This water contains approximately 200 pounds of ammonium sulfate.

The sodium aluminate plant discharges approximately 1,500 gallons per day of non-contact potable cooling water.

Tank car washdowns are conducted for inspection purposes and have been pumped to our settling pond for reuse in our aluminum sulfate plant. We request the opportunity to discharge these washdowns after neutralization to prevent overfilling of our

settling pond. Tank car washdowns amount to approximately 13,000 gallons per tank four to five times per year. Each washdown contains up to 100 pounds of aluminum sulfate solution or 150 pounds of sulfuric acid. These washdowns would be neutralized to pH 6-8 prior to discharge.

The maintenance shop discharges approximately 10,000 gallons per month of water from tank truck hydrostatic tests. This water can contain up to 20 pounds of aluminum sulfate solution or up to 30 pounds of sulfuric acid depending on the truck washed out. Soda ash is added for neutralization to pH 6-8.

The air compressors discharge approximately 5,000 gallons per day of non-contact potable cooling water.

The maintenance area discharges approximately 3,000 gallons per day of steam condensate.

With respect to the request for waivers for BOD, COD, and TOC testing. Delta has no organic discharge and as such these tests are not applicable to this facility. Ammonia, aluminum and sulfate are discharged in small and very dilute quantities. As such Delta requests waivers in those areas.

Should you have any questions please call.

Sincerely,

Martin T. Scanlan

Martin T. Scanlan,
Process Engineer

MTS/dpr
Attachments

OUTFALL#	SOURCE	DISCHARGE FLOW	DESCRIPTION	CONTAMINANTS
001	Sulfuric Acid Plant	1.3 mgd	Non-Contact Sea Water for Cooling	None
001	Sulfuric Acid Plant	30,000 gal/day	Steam Condensate	Corrosion Inhibitors
001	Aluminum Sulfate Plant	-0-	Process Recycle	----
001	Sodium Aluminate Plant	10,500 gal/wk	Non-Contact Potable Water for Cooling	None
001	Ammonium Sulfate Plant	3,000 gal/month	Floor Drains	Ammonium Sulfate
001	Emulsified Sulfur Plant	-0-	Process Recycle	----
001	Tank Car Washdowns	-0-	Sent to Settling Pond for Aluminum Sulfate Process	----
001	Storm Water Runoff	Unable to Estimate	Storm Water	None
002	Polymer Solution Plant	-0-	Straight Process No Process Recycle Necessary	----
002	Maintenance Shop	10,000 gal/month	Floor Drains	Aluminum Sulfate, Sulfuric Acid
002	Air-compressors	5,000 gal/day	Non-Contact Potable Water for Cooling	None
002	Maintenance Area and Boiler	3,000 gal/day	Steam Condensate	Corrosion Inhibitors
002	Storm Water Runoff	Unable to Estimate	Storm Water	None

= VISIT

In _____ Out _____ File ME0001830

Date 3/2/87 Time _____ Routing Delta Chemicals, Inc.

Person Contacted Martin Scanlan

Phone No. 207/548-2525

Location _____

Subject _____

Summary MR. Scanlan returned my call and stated that Alsoy + Hysoy are stored dry not chlorine. Wash down goes to the pond.

Action Required _____

EPA006841

Shelley Puleo

[redacted] ENVIRONMENTAL PROTECTION AGENCY [redacted]

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

11-19-86

Dr. Peter Bixler
Delta Chemicals, Inc.
P.O. Box 414
Searsport, ME 04974

Re: NPDES Permit No. ME0001830

Dear Dr. Bixler:

On September 5, 1986 we requested state cetification for your non-contact cooling water discharge. On October 14, 1986 the Maine Department of Environmental Protection informed us that Delta Chemical's Discharge License authorizes discharge of treated tank car washdown, floor drain washwater and boiler blowdown.

The Maine General Permit is strictly for the discharge of non-contact cooling water and uncontaminated stormwater runoff. Therefore your facility is ineligible for coverage under the General Permit and you must reapply for an individual permit.

Enclosed are forms (Forms 1 and 2C) which will enable you to update your 1983 application on file with us. These forms should be filled out and returned to this office within thirty (30) days from receipt of this letter.

Should you have any questions regarding this matter, feel free to contact Shelley Puleo at 617/565-3528.

Sincerely

Edward K. McSweeney, Chief
Compliance Branch

Enclosures

cc: Maine DEP

EPA006842

CONCURRENCES

SYMBOL								
SURNAME								
DATE								

OFFICIAL FILE COPY

Certified Mail
Return Receipt Requested

Appl. disc

Dr. Peter Bixler
Delta Chemicals, Inc.
P. O. Box 414
Searsport, ME 04974

Re: NPDES Permit No. ME 0001830

Dear Dr. Bixler:

On September 5, 1986 we requested state certification for your non-contact cooling wat discharge. On October 14, 1986 the Maine Department of Environmental Protection informed us ~~[illegible]~~ that Delta Chemical's Discharge Licens ~~authorizes~~ authorizes discharge of treated tank car washdown, floor drain washwater and boiler blowdown.

The Maine General Permit is strictly for the discharge of non-contact cooling water and uncontaminated stormwater runoff. There for Your facility is ineligible for coverage under the General Permit and you must reapply for an individual permit.

EPA006843

Enclosed are application forms (Forms 1 and 2C) which will enable you to update your 1983 application on file with us. These forms

should be filled out and returned to this office within thirty (30) days from receipt of this letter.

Should you have any questions regarding this matter, feel free to contact Shelley Puleo at 617/565-3528.

Sincerely,

Edward K. McSweeney, Chief
Compliance Branch

Enclosures

cc: Maine DEP

E VISIT

In _____ Out _____ File ME 000 1830

Date 10/14/86 Time _____ Routing Delta Chemicals

Person Contacted Norm Marcotte

Phone No. _____

Location _____

Subject General Permit Coverage for Delta

Summary Norm called me and stated that Delta Chemical is ineligible for general permit coverage. Delta has boiler blowdown and floor drains from an industrial complex.

Action Required Send individual application forms/

EPA006845

EPA Graphics 5/27/80

Signature Shelley Puleo

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION I
J. F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Arnold Myers
Vice President and General Manager
Haartz-Mason, Inc.
270 Pleasant Street
Watertown, MA 02172

Re: General NPDES Permit No. MAG250350

Dear Mr. Myers:

On December 2, 1985, this office issued your company a General National Pollutant Discharge Elimination System (NPDES) permit for the discharge of non-contact cooling water. Subsequent to that date the Massachusetts Department of Environmental Quality Engineering informed us that the application you submitted to them indicates you are presently discharging a combination of boiler blowdown and stormwater runoff from Outfall 002. As discussed with Nanci Siciliano, of my staff, on September 2, 1986, the Massachusetts General Permit is strictly for the discharge of non-contact cooling water. Your facility therefore is ineligible for coverage under the General Permit and you must apply for an individual permit.

Enclosed are application forms (Forms 1 and 2C) which will enable you to apply for an individual permit. These forms should be filled out and returned to this office within thirty (30) days from receipt of this letter.

Should you have any question, feel free to contact Nanci at 617/565-3529.

Sincerely,

Edward K. McSweeney, Chief
Compliance Branch

Enclosures

cc: Glenn Gilmore, MA DEQE

STATE OF MAINE
Department of Environmental Protection

MAIN OFFICE: RAY BUILDING, HOSPITAL STREET, AUGUSTA
MAIL ADDRESS: State House Station 17, Augusta, 04333

JOSEPH E. BRENNAN
GOVERNOR

KENNETH C. YOUNG, JR.
COMMISSIONER

October 14, 1986

Edward K. McSweeney
Chief. Compliance Branch
U.S. Environmental Protection Agency
Region I
J.F. Kennedy Federal Building
Boston, Massachusetts 02203

Dear Mr. McSweeney:

We reviewed the facilities that desire coverage under the General Permit Program as requested in your September 5 and September 24, 1986 letters.

1. MEG250163-Delta Chemical, Inc.. Searsport. Stockton Harbor

   The Delta Chemical Waste Discharge License authorizes discharge of treated tank car washdown, floor drain washwater, boiler blowdown and 3.0 MGD of uncontaminated cooling water. We recommend all sources be regulated under one NPDES permit.

2. MEG250171 - Running Hill Executive Park, South Portland

   This discharge of contaminated stormwater is eligible for coverage under the general permit.

Please contact Norm Marcotte (207-289-3355) of my staff if you have any questions.

Sincerely,

Matthew Scott

Matthew Scott. Acting Director
Division of Licensing and Enforcement
Bureau of Water Quality Control

MS/NM/dmf

(1.86) Dr. Pete Bixler - Mr. Horth

REPORT OF A PHONE CALL or VISIT

In _____ Out _____ Cover under G. P.

File ME 0001830

Date 3/12/86 Time _____ call mon.

Routing Delta chemical

Person Contacted Dr. Pete Bixler

Phone No. 207-548-3525

Location _____ S-A-

Subject G. P. Coverage ph- 6.8 to 8.5

Summary Call after 1:00 p.m.

Action Required _____

Shelley Puleo

EPA006848

DELTA CHEMICALS, INC.
Searsport, Maine 04974 • (207) 548-2525

file
ME 0001830

November 10, 1983

NOV 1983

Michael R. Deland
Regional Administrator
E.P.A.
J.F.K. Federal Building
Boston, MA 02203

Attn: NPDES Permits Branch

Dear Mr. Deland:

This is a notice of intent for Delta Chemicals presently covered under NPDES permit No. ME00001830 (Non-Contact Cooling Water Discharge) to be covered under NPDES general permit No. MEG250000.

Operators Legal Name:	Delta Chemicals, Inc.
Operators Legal Address:	Kidders Point Road Searsport, Maine 04974
Number of Facilities:	One
Type of Facility:	Inorganic Chemical Facility
Facility Location:	Kidders Point Searsport, Maine
Type of Discharge:	Non-Contact Cooling Water
Receiving Waters:	Stockton Harbor (Marine Water)

Sincerely,

P. B. Pearson

P. B. Pearson
Chief Engineer

PBP:cfd

EPA006849